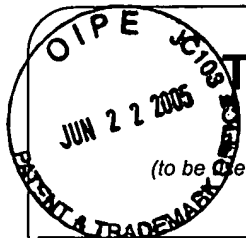


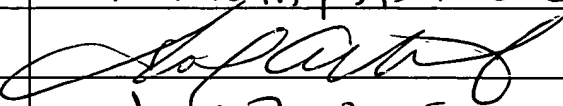
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 TRANSMITTAL FORM (to be filed for all correspondence after initial filing)	Application Number	10/690,582	
	Filing Date	October 23, 2003	
	First Named Inventor	Sarah Rich	
	Group Art Unit	1751	
	Examiner Name	Necholas Ogden Jr.	
Total Number of Pages in this Submission	5	Attorney Docket Number	99990-054001

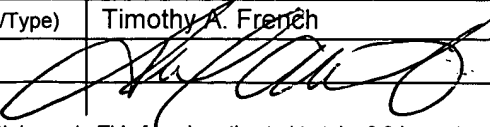
ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Application Data Sheet</div>
<div style="border: 1px solid black; padding: 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual name	TIMOTHY A. FRENCH REG No 30,175		
Signature			
Date	JUN 20, 2005		

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: <u>June 20, 2005</u>			
Name (Print/Type)	Timothy A. French		
Signature		Date	June 20, 2005

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Application Data Sheet

Application Information

Application type::	Regular
Subject matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer readable form (CRF)?::	
Number of copies of CRF::	
Title::	Color Changing Hand Soap Composition
Attorney docket number::	99990-054001
Request for early publication?::	No
Request for non-publication?::	No
Suggested drawing figure::	1
Total drawing sheets::	1
Small entity?::	Yes
Latin Name::	
Variety denomination name::	
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full capacity
Given Name::	Sarah
Middle Name::	
Family Name::	Rich
Name Suffix::	
City of Residence::	Westborough
State or Province of Residence::	MA
Country of Residence::	United States
Street of mailing address::	94 Fisher Street
City of mailing address::	Westborough
State or Province of mailing address::	MA
Country of mailing address::	United States
Postal or Zip Code of mailing address::	01581

Correspondence Information

Correspondence Customer Number::	26171
----------------------------------	-------

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number::

Fax number::

E-mail address::

Representative Information

Representative Designation::	Registration Number::	Representative Name::
Primary	30175	Timothy A. French

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Type here			
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Foreign Priority Information

Country::	Application number::	Filing Date::	Priority claimed::

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Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or province of mailing address::

Country of mailing address::

Postal or zip code of mailing address::